

ASSEMBLY BILL

No. 1790

Introduced by Assembly Member Dickinson

February 18, 2014

An act to amend Section 16125 of the Welfare and Institutions Code, relating to foster children.

LEGISLATIVE COUNSEL'S DIGEST

AB 1790, as introduced, Dickinson. Foster children: mental health services.

Existing law provides for the Adoption Assistance Program, administered by the State Department of Social Services, which provides for the payment by the department and counties of cash assistance to eligible families that adopt eligible children, and bases the amount of the payment on the needs of the child and the circumstances of the family. Under existing law, the department, county adoption agency, or licensed adoption agency is required, among other duties, to provide the prospective adoptive family with information on the availability of mental health services through the Medi-Cal program or other programs. Existing law provides that a foster child whose adoption has become final and who is receiving or is eligible to receive Adoption Assistance Program assistance, including Medi-Cal, and whose foster care court supervision has been terminated, shall be provided medically necessary specialty mental health services by the local mental health plan in the county of residence of his or her adoptive parents, as specified.

This bill would require the county mental health plan to prioritize referrals of pre- and postadoptive or guardianship families to specialty mental health services providers who are adoption and permanency competent, as described, and requires the county mental health plan to

attempt to ensure that an adequate number of adoption and permanency competent specialty mental health providers are available to meet the needs of the children.

To the extent that it would impose new duties on counties in connection with the provision of mental health services, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. (a) The Legislature finds and declares all of the
2 following:

3 (1) Despite the increase in the number of children achieving
4 permanence through adoption, placement of a child into a stable
5 and motivated family is not considered sufficient to compensate
6 for psychosocial problems related to prior trauma and chronic
7 maltreatment. As the number of adopted children with significant
8 developmental and emotional issues surrounding their adoption
9 experience has grown, the need has increased for child welfare
10 professionals and clinicians with an in-depth understanding of
11 adoption issues and the skills to work effectively with adoptive
12 persons and their families.

13 (2) Adoption issues are not typically included in the education
14 of psychologists and marriage and family therapists, and these
15 issues are given relatively limited attention in the training of
16 graduate level social workers. Many textbooks for counseling
17 professionals have limited coverage of adoption. As a result, most
18 mental health practitioners and many child welfare professionals
19 lack knowledge about adoption and the issues that are unique to
20 adoptive families. Many mental health professionals, for example,
21 are unaware of the potential impact of adoption on clients. Given
22 the absence of education on adoption issues, it is not surprising

1 that many counselors report feeling unprepared to deal with
2 adoption related issues in their practice.

3 (3) The interest in developing specialized clinical training in
4 adoption has evolved over two decades as a result of the high
5 demand for postadoption services by families and the lack of local
6 mental health and post permanency supports that address the needs
7 of adoptive families.

8 (4) Adoption competence begins with a solid foundation of
9 knowledge and clinical skills gained through an approved graduate
10 program in psychiatry, psychology, social work, marriage and
11 family therapy, or counseling. Meeting the needs of individuals
12 and families touched by adoption also requires specialized training
13 in assessment, diagnosis, and intervention. At each phase of the
14 clinical process, therapists must be attuned to the complex array
15 of historical and contemporary factors impacting the lives of their
16 clients and, specifically, to the ways in which the adoption
17 experience can influence their identity, relationships, and
18 development.

19 (b) It is the intent of the Legislature in enacting this act to
20 increase stability of adoptive and guardianship families by
21 increasing the pool of adoption and permanency competent mental
22 health professionals.

23 SEC. 2. Section 16125 of the Welfare and Institutions Code is
24 amended to read:

25 16125. A foster child whose adoption has become final, who
26 is receiving or is eligible to receive Adoption Assistance Program
27 assistance, including Medi-Cal, and whose foster care court
28 supervision has been terminated, shall be provided medically
29 necessary specialty mental health services by the local mental
30 health plan in the county of residence of his or her adoptive parents,
31 pursuant to all of the following:

32 (a) The host county mental health plan shall be responsible for
33 submitting the treatment authorization request (TAR) to the mental
34 health plan in the county of origin.

35 (b) The requesting public or private service provider shall
36 prepare the TAR.

37 (c) The county of origin shall retain responsibility for
38 authorization and reauthorization of services utilizing an expedited
39 TAR process.

1 (d) *The county mental health plan shall prioritize referrals of*
2 *pre- and postadoptive or guardianship families to specialty mental*
3 *health services providers who are adoption and permanency*
4 *competent.*

5 (1) *A mental health professional shall be considered adoption*
6 *and permanency competent if the following requirements are met:*

7 (A) *The mental health professional has completed the requisite*
8 *education and obtained all necessary licenses otherwise required*
9 *by law.*

10 (B) *The mental health professional has completed a minimum*
11 *of 48 hours of adoption and permanency competency training from*
12 *an evidence-informed curriculum that shows empirical support*
13 *for the impact of training on recipients' knowledge and adoption*
14 *practice. Topics covered in the curricula shall include, at a*
15 *minimum, all of the following:*

16 (i) *Separation, grief, and loss.*

17 (ii) *Attachment.*

18 (iii) *Trauma and brain development.*

19 (iv) *Identity formation.*

20 (v) *Openness in adoption.*

21 (vi) *Impact of pre- or postnatal exposure to drugs and alcohol.*

22 (vii) *Adoptive family formation, integration, and developmental*
23 *stages.*

24 (viii) *Family constellation challenges in adoption, including*
25 *the birth family and the adoptive family.*

26 (ix) *Race, ethnicity, sexual orientation, gender identity, and*
27 *cultural competence.*

28 (x) *Tools for skilled practice.*

29 (xi) *Tools for adoptive parents, including, but not limited to,*
30 *decoding behaviors, how to mitigate impacts of trauma, and*
31 *recognizing behavioral and emotional challenges in context of life*
32 *histories.*

33 (C) *A family-based, strength-based, and evidence-based*
34 *approach to working with adoptive families and birth families.*

35 (D) *A developmental and systemic approach to understanding*
36 *and working with adoptive and birth families.*

37 (E) *Demonstrated knowledge, clinical skills, and experience in*
38 *treating individuals with a history of abuse, neglect, or trauma.*

39 (F) *Demonstrated knowledge, clinical skills, and experience in*
40 *working with adoptive families and birth families.*

1 (2) *County mental health plans shall attempt to ensure that an*
2 *adequate number of adoption and permanency competent specialty*
3 *mental health providers are available to meet the needs of children*
4 *formerly in foster care who have been adopted or are with*
5 *guardianship families.*

6 SEC. 3. If the Commission on State Mandates determines that
7 this act contains costs mandated by the state, reimbursement to
8 local agencies and school districts for those costs shall be made
9 pursuant to Part 7 (commencing with Section 17500) of Division
10 4 of Title 2 of the Government Code.

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